

# MY ACTION PLAN

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Something I **WANT** to do and really **CAN** do this week that **LEADS TO MY GOAL**:



\_\_\_\_\_ Work on something that's bothering me: \_\_\_\_\_



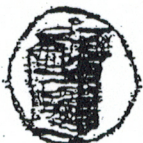
\_\_\_\_\_ Be more physically active (or strong or flexible)



\_\_\_\_\_ Improve my food choices



\_\_\_\_\_ Reduce my stress



\_\_\_\_\_ Cut down or quit a damaging habit



\_\_\_\_\_ Take my medications

\_\_\_\_\_ Other: \_\_\_\_\_

My **SPECIFIC** Plan:

How it fits into the big Goal: \_\_\_\_\_

What: \_\_\_\_\_

How much: \_\_\_\_\_

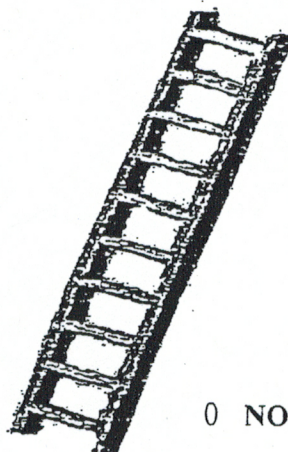
Start When: \_\_\_\_\_

How Often: \_\_\_\_\_

With Whom: \_\_\_\_\_

My friend who will check-in with me in 2 weeks: \_\_\_\_\_

My **CONFIDENCE LEVEL**? This is how sure I am that I will be able to do my action plan:



10 **VERY SURE**

7 \* If you are not up to 7 -

**MAKE IT EASIER!**

8 or more is even better!

0 **NOT SURE AT ALL**

Problems with my plan? \_\_\_\_\_

Ways I might overcome these problems: \_\_\_\_\_

**LOG:** I carried out my plan on the following days:

MON	TUE	WED	THU	FRI	SAT	SUN

## GOAL SETTING

S

SPECIFIC

M

MEASURABLE

A

ATTAINABLE

R

RELEVANT

T

TIME-BOUND